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CONFIRMATION NO. 3529

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|--|---|--|-----------------------------|--|-------------------------|-------------------------------|
| 10/595,611 | 06/15/2006 RULE | 705 | 3626 | P07558US00 | | |
| APPLICANTS Michael David Buist, Victoria, AUSTRALIA; ** CONTINUING DATA ***** This application is a 371 of PCT/AU04/01499 10/29/2004 ** FOREIGN APPLICATIONS ***** AUSTRALIA 2003905954 10/29/2003 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** 12/16/2006 | | | | | | |
| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | AUSTRALIA | 10 | 68 | 4 |
| Verified and Acknowledged | /RAJIV J RAJ/ Examiner's Signature | Initials | | | | |
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| TITLE System and process for facilitating the provision of health care | | | | | | |
| FILING FEE RECEIVED 2191 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
| | | | | <input type="checkbox"/> Other _____ | | |
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